AF ZMW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Christopher N. Japp et al.	§	Group Art Unit: 2164
Serial No.: 09/747,547	§	Examiner: Chojnacki, Mellissa M.
Filed: December 22, 2000	§	
For: MEDICAL IMAGING SYSTEM LOCALIZATION METHOD AND APPARATUS	§	Atty. Docket: GEMS:0121/YOD/SWA/FAR 15-EC-5772

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Betty Broyles

July 6, 2005 — Betty Broyles

APPEAL BRIEF PURSUANT TO 37 C.F.R. §§ 41.31 AND 41.37

This Appeal Brief is being filed in furtherance to the Notice of Appeal mailed on May 3, 2005, and received by the Patent Office on May 6, 2005. Appellants respectfully request that the Commissioner charge the requisite fee of $500.00 for the Appeal Brief to the credit card listed on the PTO-2038 provided herewith. If, however, additional fees are deemed due, or if the credit card listed on the provided PTO-2038 cannot be charged, for any reason, Appellants hereby authorize the Commissioner to charge any requisite fees necessary to advance prosecution of the present application to Deposit Account No. 07-0845; Order No. GEMS:0121/YOD/SWA/FAR 15-EC-5772.

1. REAL PARTY IN INTEREST

The real party in interest is General Electric Company, the Assignee of the above-referenced application by virtue of the Assignment recorded at reel 011409, frame 0120,

on December 22, 2000. The Assignee of the above-referenced application, as evidenced by the documents mentioned above, will be directly affected by the Board's decision in the pending appeal.

2. RELATED APPEALS AND INTERFERENCES

Appellants are unaware of any other appeals or interferences related to this Appeal. The undersigned is Appellants' legal representative in this Appeal.

3. STATUS OF CLAIMS

Claims 1-45 are currently pending, and claims 1-45 are currently under final rejection and, thus, are the subject of this appeal.

4. STATUS OF AMENDMENTS

As pending claims 1-45 have not been amended subsequent to the Final Office Action mailed February 3, 2005, there are no amendments to be considered by the Board.

5. SUMMARY OF CLAIMED SUBJECT MATTER

Medical facilities employ various medical resources, such as human resources, medical systems, equipment, and instruments to provide healthcare services to patients. Application, page 1, lines 15-17 and page 5, lines 18-22. Embodiments of the present technique are directed to geographically locating such medical resources based on client data (e.g., based on the needs of a patient, service provider, and so forth). *See* Application, page 1, lines 6-8; page 5, lines 7-31. A medical resource locator program (e.g., a geographic locator system) may be disposed on an applications server, for example, and configured to search one or more medical databases for a desired medical resource in a desired geographic location (e.g., a geographic area, region, zip code, address or phone number). Page 2, line 14 – page 3, line 3; page 10, lines 9-25. In certain embodiments, the medical resource locator system locates a plurality of medical

facilities having the desired medical resource. *See* Application, page 14, lines 13-15; page 15, lines 23-25.

The technique permits data exchange between the medical locator system and a remote interface via a network, allowing a client to interact with the medical resource locator system and to receive a locator report based on client data. Application, page 1, lines 8-11. A query form or electronic form may be tailored to inquire into and obtain a variety of client data (e.g., desired location, experience of doctors and equipment operators, cost of procedure, wait time, etc.), which may be relevant to locating the particular medical resources (e.g., medical product or system) including associated healthcare services. *See* Application, page 12, line 4 – page 14, lines 25. Furthermore, the desired medical resources may be associated with, or selected from, a plurality of modalities such as medical imaging systems. *See* Application, page 14, lines 26-28.

In sum, the present invention relates generally to geographic locator systems and a technique for geographically locating a desired medical resource. Application, page 1, lines 6-8. The present application contains four independent claims, namely, claims 1, 16, 29, and 38, all of which have been improperly rejected and, thus, are subject to this Appeal. The subject matter of these claims is summarized below.

An embodiment of claim 1 relates to a method for locating a medical resource (e.g., a medical diagnostic system 12), the method including electronically directing client data (e.g., client data 96) transmitted from a remote interface (e.g., remote client unit 24) to a medical locator system (e.g., data processing center 22) via a network (e.g., remote access network 80), wherein the medical locator system is configured for multiple modalities (e.g., MRI system 14, CT system 16, ultrasound imaging system 18, etc.), the client data including a desired geographic region (e.g., location 138) for locating a desired medical resource for at least one of the multiple modalities. *See* Application, page 4, lines 24-29; page 5, lines 1-31; page 8, lines 14-22 and 28-31; page 9, lines 13-27; page 10, lines 2-7; and page 12, line 28 – page 13, line 7. The method further includes

searching (e.g., via processing system 84 of the data processing center 22) a database (e.g., databases 104) for the desired medical resource, locating at least one of the desired medical resources based on the desired geographic region. *See* Application, page 8, line 28 – page 9, line 12; page 10, lines 9-16. The locator information (e.g., electronics results page 188, map results page 202) is electronically transmitted (e.g., via the communication system 10 and/or the Internet) to a client (e.g., client 90) via the network (e.g., remote access network 80), the locator information allowing the client to locate the desired medical resource. *See* Application, page 14, lines 17-32; page 15 lines 20-25; page 16, lines 12-18.

An embodiment of independent claim 16 includes an information system (e.g., communication system 10) having a resource locator system (e.g., data processing center 22) configured to locate a desired medical resource (e.g., a medical diagnostic system 12). *See* Application, page 4, lines 24-29; page 5, lines 1-4 and 23-24. A remote interface (e.g., remote client unit 24) is configured to exchange information (e.g., client data 96, results 184) with the resource locator system via a network (e.g., remote access network 80), the remote interface having a form (e.g., query form 118) for transmitting client data (e.g., client data 96) to the resource locator system. *See* Application, page 5, lines 3-4; page 8, liens 14-22; page 10, lines 2-7; page 12, line 4 – page 14, lines 25. The client data includes a desired geographic region (e.g., location 138) for locating the desired medical resource, wherein the resource locator system (e.g., data processing center 22) is configured to evaluate the client data and to locate at least one of the desired medical resources (e.g., a medical diagnostic system 12) based on the desired geographic region. *See* Application, page 4, lines 24-29; page 5, lines 1-4 and 23-24; page 12, line 27 – page 13, line 7; page 14, lines 3-5.

An embodiment of independent claim 29 includes a locator system (e.g., communication system 10) for geographically locating a healthcare facility (e.g., healthcare institutions 186). *See* Application, page 4, lines 24-29; page 14, lines 13-15. The system includes a resource locator system (e.g., data processing center 22 or processing system 180) configured for locating a desired medical resource (e.g., medical diagnostic system 12), an

address database (e.g., database 104) of medical resources, and a remote interface (e.g., remote client unit 24 or network interface 182) configured for exchanging information (e.g., client data 96 or electronics results page 188) with the resource locator system via a network. *See* Application, page 4, lines 24-29; page 5, lines 1-4 and 23-24; page 8, line 28 – page 9, line 12; page 14, lines 1-27. The remote interface includes a query form (e.g., query form 118) for transmitting client data (e.g., client data 96) to the resource locator system (e.g., data processing center 22), the query form having a field (e.g., location 140, street 141, city 143, state 145, and zip code 148) for entering a desired geographic region for locating the desired medical resource. *See* Application, page 12, line 4 – page 13, line 30; and FIG. 4. The remote interface (e.g., remote client unit 24 or network interface 110) also includes a location results page (e.g., electronics results page 188 or maps results page 202) having locator information (e.g., site location 190) for the desired medical resource (e.g., medical diagnostic system 12). *See* Application, page 11, lines 13-28; page 14, lines 17-32; and FIGS. 5-6.

An embodiment of independent claim 38 includes a method for locating at least one medical resource (e.g., a medical diagnostic system 12) from a plurality of medical resources (e.g., MRI system 14, CT system 16, ultrasound imaging system 18, product 152, service 154, system 156). *See* Application, page 4, lines 24-29; page 12, line 4 – page 13, line 30; and FIG. 4. The method electronically directs client data (e.g., client data 96) transmitted from a remote interface (e.g., remote client unit 24) to a medical locator system (e.g., data processing center 22) via a network (e.g., remote access network 80), the client data comprising a desired geographic region (e.g., location 138, location 140, street 141, city 143, state 145, and zip code 148) for locating at least one medical resource from the plurality of medical resources. *See* Application, page 5, lines 1-31; page 8, lines 14-22 and 28-31; page 9, lines 13-27; page 10, lines 2-7; and page 12, line 28 – page 13, line 7; and FIG. 4. The method includes searching a medical locator database (e.g., database 104) for the at least one medical resource (e.g., medical diagnostic system 12) and geographically locating the at least one medical resource based on the desired geographic region. *See* Application, page 8, line 28 – page 9, line 12; page 10, lines 9-16. The method includes

electronically transmitting locator information (e.g., results 184) to a client (e.g., client 90) via the network (e.g., remote access network 80), the locator information allowing the client to locate the desired medical resource, and allowing the client to view the locator information (e.g., results 184) via a resource location report (e.g., electronics results page 188 or maps results page 202) viewable with the remote interface (e.g., remote client unit 24 or network interface 110). *See* Application, page 11, lines 13-28; page 14, lines 12-32; and FIGS. 5-6.

6. GROUNDS OF REJECTION TO BE REVIEWED ON APPEAL

Sole Ground of Rejection on Appeal

Appellants respectfully urge the Board to review and reverse the Examiner's sole ground of rejection in which the Examiner rejected claims 1-45 under 35 U.S.C. § 103(a) as unpatentable over Dunworth et al. (U.S. Patent No. 5,930,474) in view of Killcommons et al. (U.S. Patent No. 6,424,996).

7. ARGUMENT

As discussed in detail below, the Examiner has improperly rejected the pending claims. Further, the Examiner has misapplied long-standing and binding legal precedents and principles in rejecting the claims under 35 U.S.C. § 103(a). Accordingly, Appellants respectfully request full and favorable consideration by the Board, as Appellants strongly believe that claims 1-45 are currently in condition for allowance.

Sole Ground of Rejection on Appeal

The Examiner rejected claims 1-45 under 35 U.S.C. § 103(a) as unpatentable over Dunworth et al. (U.S. Patent No. 5,930,474) in view of Killcommons et al. (U.S. Patent No. 6,424,996). Claims 1, 16, 29, and 38 are independent. Appellants respectfully traverse this rejection.

Legal Precedent

The burden of establishing a *prima facie* case of obviousness falls on the Examiner. *Ex parte Wolters and Kuypers*, 214 U.S.P.Q. 735 (PTO Bd. App. 1979). To establish a *prima facie* case, the Examiner must not only show that the combination includes *all* of the claimed elements, but also a convincing line of reason as to why one of ordinary skill in the art would have found the claimed invention to have been obvious in light of the teachings of the references. *Ex parte Clapp*, 227 U.S.P.Q. 972 (B.P.A.I. 1985). Obviousness cannot be established by combining the teachings of the prior art to produce the claimed invention absent some teaching or suggestion supporting the combination. *ACS Hospital Systems, Inc. v. Montefiore Hospital*, 732 F.2d 1572, 1577, 221 U.S.P.Q. 929, 933 (Fed. Cir. 1984). The mere fact that references can be combined or modified does not render the resultant combination obvious unless the prior art also suggests the desirability of the combination. *In re Mills*, 916 F.2d 680, 16 U.S.P.Q.2d. 1430 (Fed. Cir. 1990). The Examiner must provide objective evidence, rather than subjective belief and unknown authority, of the requisite motivation or suggestion to combine or modify the cited references. *In re Lee*, 61 U.S.P.Q.2d. 1430 (Fed. Cir. 2002). One cannot use hindsight reconstruction to pick and choose among isolated disclosures in the prior art to deprecate the claimed invention. *In re Fine*, 837 F.2d 1071, 5 U.S.P.Q.2d 1596 (Fed. Cir. 1988); *Uniroyal Inc. v. Rudkin-Wiley Corp.*, 837 F.2d 1044, 5 U.S.P.Q.2d 1434 (Fed. Cir. 1988).

Further, it is improper to combine references where the references teach away from their combination. *In re Grasselli*, 713 F.2d 731, 743, 218 U.S.P.Q. 769, 779 (Fed. Cir. 1983); M.P.E.P. § 2145. If the proposed modification or combination of the prior art would change the principle of operation of the prior art invention being modified, then the teachings of the references are not sufficient to render the claims *prima facie* obvious. *In re Ratti*, 270 F.2d 810, 123 U.S.P.Q. 349 (CCPA 1959); *see* M.P.E.P. § 2143.01. Likewise, it is improper to combine references when the combination requires substantial reconstruction or redesign of the main reference to arrive at the claimed invention. *In re*

Ratti, 123 U.S.P.Q. at 349. Similarly, if a proposed modification renders the prior art invention being modified unsatisfactory for its intended purpose, then there is no suggestion or motivation to make the proposed modification. M.P.E.P § 2143.01 (citing *In re Gordon*, 733 F.2d 900, 221 USPQ 1125 (Fed. Cir. 1984)).

Features of the Independent Claim 1 Missing from the Cited Combination

Independent claim 1 recites "the *medical locator system* is configured for multiple *modalities*, the client data comprising a desired geographic region for *locating a desired medical resource for a least one of the multiple modalities*." Conversely, neither reference cited by the Examiner teaches a *medical locator system* configured to employ location data and other data to establish the position and availability of multiple *modalities,* much less a desired medical resource for one of the multiple modalities. *See, e.g.*, Killcommons, col. 1, lines 22-30; col. 6, lines 44-58. Fig. 18 of Dunworth simply shows an undifferentiated list of hospitals and health services, which is typical of yellow pages as described by Dunworth. The Dunworth reference does not teach or suggest specific medical resources or different modalities, thereby precluding the possibility of locating a desired medical resource for a particular modality.

The Killcommons reference also fails to teach or suggest these claim features. The Killcommons et al. reference, for example, discloses a technique for the electronic transfer of medical information *derived* from different medical modalities, and does not even consider the type of descriptive data directed to *locating* a medical modality system. Killcommons, col. 1, lines 16-19 and 49-51 (disclosing a telemedicine system for transferring patient medical information, such as clinical/parameter data). Even if Killcommons discloses multiple modalities associated with medical resources, the cited reference does not differentiate medical resources by location. As a result, even if the multiple modalities were combined with Dunworth, the system of Dunworth would be incapable of locating a desired medical resource associated with a particular one of the multiple modalities. Accordingly, claim 1 and its dependent claims 2-15 are believed to be allowable over the cited combination.

Features of the Independent Claims 16 and 29 Missing from the Cited Combination

In addition, the Examiner acknowledged that Dunworth et al. do not teach "a resource *locator system* configured for locating *a desired medical resource*," as recited by independent claims 16 and 29. Final Office Action, page 10. As discussed above, Dunworth teaches only general topical categories, including hospitals and health services as shown in Fig. 10, which are not further differentiated or subdivided according to a desired medical resource. Indeed, the Dunworth et al. on-line yellow pages and phone/address information in no way resemble the claimed resource locator system. *See, e.g.*, Dunworth, Figures 10 and 18. Yellow pages, such as disclosed by Dunworth, provide very general information that is not indicative of specific resources, modalities, and so forth. As with typical yellow pages, a person would have to contact each one of the listed hospitals or healthcare services to determine whether a desired resource is available. Moreover, a person may not even determine whether a desired medical resource is available by a mere phone call. Telephone numbers listed in the yellow pages are typically general contact numbers, and the persons answering the phone at these numbers typically have little or no information regarding specific medical resources. Therefore, Dunworth is clearly incapable of locating a desired medical resource as recited by claims 16 and 29.

Further, Appellants strongly emphasize that the secondary reference, Killcommons et al., also does not disclose these recited claim features. Instead, Kilcommons et al. is directed to satisfying the "need for medical transfer systems that allow for transfer of complex data from a variety of modalities over email and web browser systems" without any regard to the location of resources and modalities. Killcommons, et al., col. 3, lines 52-55. The Examiner must not confuse the mere transfer of Killcommons et al. patient modality data with the presently claimed system directed to locating medical resources, e.g., in or associated with a given facility or entity. It is clear that the systems disclosed in both cited references are not configured to manage descriptive information needed or useful in locating a desired medical resource.

Accordingly, the Examiner has failed to establish a *prima facie* case of obviousness with respect to claims 16 and 29 or their respective dependent claims.

Features of Independent Claim 38 Missing from the Cited Combination

Claim 38 recites "searching a *medical locator database* for the at least one medical resource." In stark contrast, both references relied on by the Examiner are absolutely devoid of a *medical locator database*. For example, Dunworth et al. discloses a geography database, a local content database, a yellow page database, and a configuration database. *See, e.g.*, Fig. 8. The Dunworth et al. databases clearly are not configured for particular *medical resources*. Further, while the Killcommons et al. reference discloses the transfer of data from various modalities, the reference never mentions or suggests any type of data or databases regarding the location of modalities or medical resources. *See* Killcommons, Fig. 1; col. 1, lines 25-65; col. 2, lines 2-9; col. 3, lines 57-64. Accordingly, the Examiner has failed to establish a *prima facie* case of obviousness with respect to claim 38 or its dependent claims.

Request Withdrawal of Rejection

In view of the these deficiencies, the Dunworth et al. and Killcommons et al. references, taken alone or in combination, fail to teach or suggest each element of independent claims 1, 16, 29, and 38. Accordingly, Appellants strongly assert that the Examiner's rejection of the claims 1-45 cannot stand. Appellants respectfully request that the Board withdraw the improper obviousness rejection and direct the Examiner to allow independent claims 1, 16, 29, and 38, and the claims that depend therefrom.

Features of Dependent Claims 6, 21, 22, 27, 30, and 39 Missing from the Combination

While the dependent claims are patentable over the cited combination because of their dependency on an allowable base claim, the dependent claims are also patentable by virtue of the subject matter they separately recite.

For example, dependent claim 6 recites "receiving the *selection* from a plurality of *medical imaging systems*." Dependent claim 22 recites "a *selection* of the desired medical resource from a plurality of *medical imaging systems*. While the Killcommons et al. reference discloses various medical imaging systems, the Killcommons et al. reference does not disclose a *selection* from a plurality of medical imaging systems, or *receiving* such a selection. *See* Killcommons, col. 1, lines 49-65. Instead, Killcommons et al. teaches transferring patient information derived from medical imaging systems, without any regard to selecting a desired medical resource from a list of medical imaging systems. *See* Killcommons, col. 1, lines 22-30; col. 6, lines 44-58. As for Dunworth et al., it is absolutely devoid of medical imaging systems, much less making or receiving a selection from a plurality of medical imaging systems. *See* Dunworth, col. 7, lines 11-16; col. 9, lines 61-63; col. 25, lines 25-27. As discussed above, the Dunworth et al. reference never goes beyond mentioning hospitals and their associated addresses and phone numbers. *See* Dunworth, Figs. 10 and 18. The cited references, taken alone or in combination, plainly do not disclose a list of medical imaging systems from which a particular imaging system may be selected to satisfy the need for a medical resource. The references clearly fail to teach a *selection* from a list of *medical imaging systems*. Accordingly, the Examiner has failed to establish a *prima facie* case of obviousness with respect to claims 6 and 22 for this reason as well.

Dependent claim 21 recites "a *selection* of the desired *medical* resource from a *plurality of modalities*." Dependent claim 30 recites "wherein the *query form* comprises a *field* for *selecting* the desired *medical resource* from a plurality of medical resources comprising *multiple modalities*." Dependent claim 39 recites "a *selection* from a plurality of *medical resources* comprising *multiple modalities*." In contrast, the cited combination does not disclose making a selection of any type of particular medical resource, much less making a selection from a plurality or list of modalities or multiple modalities. Likewise, neither reference discloses a query form or field for making or entering such a selection. *See* Dunworth, col. 7, lines 11-16; col. 9, lines 61-63; col. 25, lines 25-27; Killcommons, col. 1, lines 22-30; col. 6, lines 44-58. Instead, as discussed

above, Dunworth et al. teach only general categories not differentiated according to a particular medical resource or modality. *See* Dunworth, Figs. 10 and 18. Killcommons et al. teach telemedicine without addressing any need for locating or selecting a medical resource. *See* Killcommons, col. 1, lines 22-30; col. 6, lines 44-58. It is clear that neither reference provides for selecting a particular medical resource from *multiple modalities* or a *plurality of modalities*. Accordingly, the Examiner has failed to establish a *prima facie* case of obviousness with respect to claims 21, 30, and 39 for this reason as well.

Dependent claim 27 recites "wherein the map system is remote from the resource locator system." In stark contrast, neither reference discloses a map system, much less a map system that is remote from a locator system. While the Dunworth et al. reference discloses an image map query or image map program to initiate a geographical search of a consumer product or service, the Dunworth et al. reference in no way discloses a map system for pinpointing or mapping a location of a specific medical resource. *See* Dunworth, col. 13, lines 8-61; Fig. 4. The Killcommons et al. reference is directed to telemedicine, and clearly does not disclose mapping a geographic location of a desired medical resource. *See* Killcommons, col. 1, lines 22-30; col. 6, lines 44-58. Accordingly, the Examiner has failed to establish a *prime facie* case of obviousness with regard to dependent claim 27 for this reason as well.

In view of the foregoing remarks with regard to the subject matter separately recited in the dependent claims, Appellants respectfully request that the Board withdraw the improper obviousness rejection of dependent claims 6, 21, 22, 27, 30, and 39 and direct the Examiner to allow dependent claims 6, 21, 22, 27, 30, and 39 for these reasons as well.

No Reason to Combine References – Lack of Objective Evidence

In addition, the Examiner did not provide objective evidence of the requisite motivation or suggestion to combine or modify the Dunworth et al. and Killcommons et al. references. Instead, the Examiner employed impermissible hindsight in modifying the

Dunworth et al. general categorical on-line yellow pages with the Killcommons et al. technique of transferring patient data derived from a modality (not locating resources). *See* Final Office Action, page 3. Plainly, there is no reason to incorporate the Killcommons et al. patient information (e.g., test results, x-ray image, etc.) or its telemedicine system for transferring such information into the Dunworth et al. electronic yellow pages. Moreover, there is no reason to modify the Dunworth et al. consumer system to incorporate the present medical client data or modality location-descriptive data, or a locator system that uses/analyzes such data. The Federal Circuit has warned that the Examiner must not, "fall victim to the insidious effect of a hindsight syndrome wherein that which only the inventor taught is used against its teacher." *In re Dembiczak*, F.3d 994, 999, 50 U.S.P.Q.2d 52 (Fed. Cir. 1999) (quoting *W.L. Gore & Assoc., Inc. v. Garlock, Inc.*, 721 F.2d 1540, 1553, 220 U.S.P.Q. 303, 313 (Fed. Cir. 1983)). Appellants respectfully stress that the Examiner has not met the evidentiary requirements, i.e., *objective evidence*, for the requisite motivation or suggestion to combine the cited references in the manner asserted by the Examiner or in the manner recited by the claims. Accordingly, Appellants respectfully request that the Board direct the Examiner to produce *objective evidence* of the requisite motivation or suggestion to combine the cited references, or in the alternative, Appellants request that the Board withdraw the rejection under 35 U.S.C. § 103(a) and direct the Examiner to allow the claims.

Improper Combination

Appellants stress that the Examiner's proposed combination of Dunworth et al. and Killcommons et al. is improper and cannot stand. Indeed, a modification of the Dunworth system to include data descriptive of a location of a specific modality and/or desired medical resource would require substantial redesign of the Dunworth et al. system. *See In re Ratti*, 123 U.S.P.Q. at 249. The Dunworth et al. interface and analysis capability would require substantial redesign to locate, for example, a specific MRI machine in a given facility that matches particular client data. *See e.g.*, Dunworth, col. Figures 10 and 18. Again, the Dunworth yellow pages provide only general addresses of hospitals and healthcare services without regard to specific resources or modalities that

may or may not reside there. *See e.g.*, Dunworth, col. 7, lines 11-16; col. 9, lines 61-63; col. 25, lines 25-27. As stated in the legal precedent section above, it is improper to combine references when the combination requires substantial redesign of the main reference. *See In re Ratti*, 123 U.S.P.Q. at 249. For these reasons, Appellants respectfully stress that Dunworth cannot be modified or combined with Killcommons as proposed by the Examiner. Accordingly, Appellants respectfully request that the Examiner withdraw the combination and direct the Examiner to allow the claims.

Conclusion

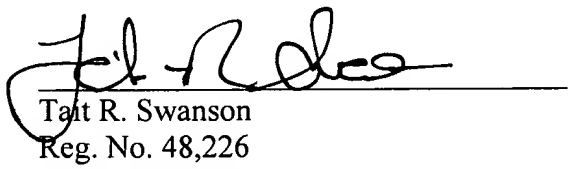
In light of the foregoing remarks, Appellants respectfully request that the Board withdraw the improper obviousness rejection in relation to claims 1-45. Additionally, Appellants respectfully request that the Board direct the Examiner to allow the instant claims. If the Examiner or Board wishes to resolve any other issues by way of a telephone conference, the Examiner or Board is kindly invited to contact the undersigned attorney at the telephone number indicated below.

General Authorization for Extensions of Time

In accordance with 37 C.F.R. § 1.136, Appellants hereby provide a general authorization to treat this and any future reply requiring an extension of time as incorporating a request thereof. Furthermore, Appellants authorize the Commissioner to charge the appropriate fee for any extension of time to Deposit Account No. 07-0845, Order No. GEMS:0121/YOD/SWA/FAR 15-EC-5772

Respectfully submitted,

Date: July 6, 2005



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8. **APPENDIX OF CLAIMS ON APPEAL**

1. (original) A method for locating a medical resource, the method comprising:

electronically directing client data transmitted from a remote interface to a medical locator system via a network, wherein the medical locator system is configured for multiple modalities, the client data comprising a desired geographic region for locating a desired medical resource for at least one of the multiple modalities;

searching a database for the desired medical resource;

locating at least one of the desired medical resources based on the desired geographic region; and

electronically transmitting locator information to a client via the network, the locator information allowing the client to locate the desired medical resource.

2. (original) The method of claim 1, wherein electronically directing via the network comprises electronically directing via the Internet.

3. (original) The method of claim 1, comprising providing the remote interface with a form for selecting the desired geographic region.

4. (original) The method of claim 1, comprising receiving a selection of the desired medical resource from a plurality of medical resources.

5. (original) The method of claim 4, wherein receiving the selection from the plurality of medical resources comprises receiving the selection from multiple modalities.

6. (original) The method of claim 4, wherein receiving the selection from the plurality of medical resources comprises receiving the selection from a plurality of medical imaging systems.

7. (original) The method of claim 5, wherein receiving the selection from multiple modalities comprises receiving the selection from multiple modalities comprising computed tomography.

8. (original) The method of claim 5, wherein receiving the selection from multiple modalities comprises receiving the selection from multiple modalities comprising magnetic resonance imaging.

9. (original) The method of claim 1, comprising locating the desired medical resource via address data for the desired geographic region.

10. (original) The method of claim 1, comprising locating the desired medical resource via a postal code for the desired geographic region.

11. (original) The method of claim 9, comprising locating via the address data of the remote interface.

12. (original) The method of claim 1, wherein locating comprises ranking in order of proximity to the desired geographic region.

13. (original) The method of claim 1, wherein electronically transmitting locator information comprises providing a list of addresses for the desired medical resources in closest proximity to the desired geographic region.

14. (original) The method of claim 1, wherein electronically transmitting locator information comprises providing a map illustrating a geographic location of the desired medical resource.

15. (original) The method of claim 1, comprising linking the medical locator system to a map system for mapping out a geographic location of the desired medical resource based on the desired geographic region.

16. (original) An information system for locating a medical resource, the information system comprising:

a resource locator system configured for locating a desired medical resource; and

a remote interface configured for exchanging information with the resource locator system via a network, the remote interface having a form for transmitting client data to the resource locator system, the client data comprising a desired geographic region for locating the desired medical resource, wherein the resource locator system is configured to evaluate the client data and to locate at least one of the desired medical resources based on the desired geographic region.

17. (original) The system of claim 16, wherein the network comprises the Internet.

18. (original) The system of claim 16, wherein the remote interface comprises a server to communicate between the remote interface and the resource locator system via the network.

19. (original) The system of claim 16, wherein the form comprises a field for selecting the desired geographic region.

20. (original) The system of claim 16, wherein the form comprises a field for selecting the desired medical resource from a plurality of medical resources.

21. (original) The system of claim 16, wherein the client data comprises a selection of the desired medical resource from a plurality of modalities.

22. (original) The system of claim 16, wherein the client data comprises a selection of the desired medical resource from a plurality of medical imaging systems.

23. (original) The system of claim 16, wherein the client data comprises multiple selections of desired medical resources from a plurality of medical resources.

24. (original) The system of claim 16, wherein the client data comprises address data for the desired geographic region.

25. (original) The system of claim 16, wherein the client data comprises a zip code for the desired geographic region.

26. (original) The system of claim 16, comprising a map system for mapping out a geographic location of the desired medical resource based on the desired geographic region.

27. (original) The system of claim 26, wherein the map system is remote from the resource locator system.

28. (original) The system of claim 16, wherein the resource locator system comprises a locator database having a plurality of addresses for the desired medical resource.

29. (original) A locator system for geographically locating a healthcare facility, the system comprising:

a resource locator system configured for locating a desired medical resource;

an address database of medical resources; and

a remote interface configured for exchanging information with the resource locator system via a network, the remote interface comprising a query form for transmitting client data to the resource locator system, the query form having a field for entering a desired geographic region for locating the desired medical resource, and a location results page having locator information for the desired medical resource.

30. (original) The locator system of claim 29, wherein the query form comprises a field for selecting the desired medical resource from a plurality of medical resources comprising multiple modalities.

31. (original) The locator system of claim 29, wherein the client data comprises multiple selections of desired medical resources from a plurality of medical resources.

32. (original) The locator system of claim 29, wherein the client data comprises address data for the desired geographic region.

33. (original) The locator system of claim 29, wherein the client data comprises a zip code for the desired geographic region.

34. (original) The locator system of claim 29, wherein the location results page comprises a plurality of geographic locations for the desired medical resource ranked in order of proximity to the desired geographic region.

35. (original) The locator system of claim 29, wherein the location results page comprises a list of addresses for the desired medical resource in closest proximity to the desired geographic region.

36. (original) The locator system of claim 29, wherein the location results page comprises a map illustrating a geographic location of the desired medical resource.

37. (original) The locator system of claim 29, comprising a map system remote from the resource locator system for mapping out a geographic location of the desired medical resource based on the desired geographic region.

38. (original) A method for locating at least one medical resource from a plurality of medical resources, the method comprising:

electronically directing client data transmitted from a remote interface to a medical locator system via a network, the client data comprising a desired geographic region for locating at least one medical resource from the plurality of medical resources;

searching a medical locator database for the at least one medical resource;

geographically locating the at least one medical resource based on the desired geographic region;

electronically transmitting locator information to a client via the network, the locator information allowing the client to locate the desired medical resource; and

allowing the client to view the locator information via a resource location report viewable with the remote interface.

39. (original) The method of claim 38, wherein electronically directing client data comprises electronically directing client data comprising a selection from a plurality of medical resources comprising multiple modalities.

40. (original) The method of claim 38, wherein electronically directing comprises providing a server to procure network communication between the remote interface and the medical locator system.

41. (original) The method of claim 38, comprising geographically locating the at least one medical resource via address data for the desired geographic region.

42. (original) The method of claim 38, comprising geographically locating the at least one medical resource via a zip code for the desired geographic region.

43. (original) The method of claim 38, wherein allowing the client to view the locator information via the resource location report comprises providing a list of addresses for the at least one medical resource in closest proximity to the desired geographic region.

44. (original) The method of claim 38, wherein allowing the client to view the locator information via the resource location report comprises providing a map illustrating a geographic location of the at least one medical resource.

45. (original) The method of claim 38, comprising linking the medical locator system to a remote map system for mapping out a geographic location of the at least one medical resource based on the desired geographic region.